



THE UNIVERSITY OF CAMBRIDGE
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1840

FIRST REPORT

OF THE

SOMERSET COUNTY ASYLUM,

FOR INSANE PAUPERS,

FROM THE 1ST MARCH,

WHEN IT WAS OPENED FOR PATIENTS,

TO THE END OF THE YEAR,


1848.



WELLS:

PRINTED BY SAMUEL BACKHOUSE, HIGH STREET.

1849.



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THE
COMMITTEE OF VISITORS
OF THE

Somerset County Asylum,
1848.

CHAIRMAN:

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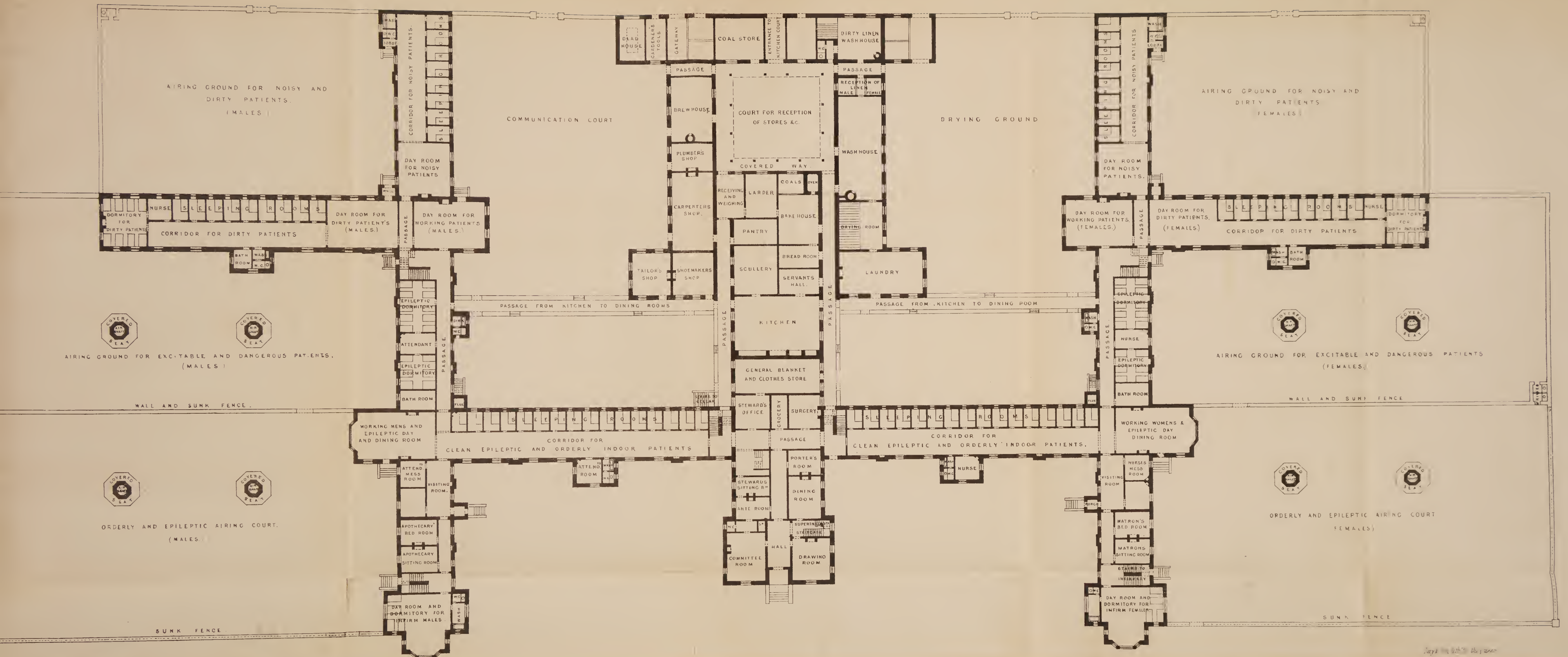
Superintendent—ROBERT BOYD, M.D.

House Surgeon—WM. H. DAY.

Clerk and Steward—G. W. GUNN.

Matron—MRS. CASWELL.

NEW PAUPER LUNATIC ASYLUM FOR THE County of Somerset.



REPORT

OF THE

VISITING JUSTICES

OF THE

SOMERSET COUNTY LUNATIC ASYLUM.

Wells, January 2nd, 1849.

IN making their FIRST ANNUAL REPORT your Committee may be expected to refer to the state of the Building, the efficiency of the Ventilation and Heating Apparatus, the Gas and Works connected with it; and they are happy to be able to speak favorably of each and all of them. The arrangement of the House has been found most convenient, and the manner in which it has been erected and completed does credit to the different parties employed about it, and to the active superintendence of your County Surveyor. The Ventilation of the different Wards justifies the selection made of Mr. Haden's plan; his mode of Heating has also proved successful in distributing the proper degree of warmth throughout the Corridors, Day-Rooms, and various Apartments. The Gas has been supplied in the required quantity without creating inconvenience in any part.

The grounds surrounding the house were necessarily left in a rough state, and your Committee are gradually causing them to be brought into cultivation, principally by the labour of the Patients. A part has been selected for a Cemetery, and separated by a fit enclosure.

The number of Patients has increased since the Committee reported it at the last Sessions, and there are now in the House 112 Males, and 121 Females, making a total of 233. Since the opening of the House 284 have been received, of whom 34 have been discharged, and 17 have died. The curative process has been pursued under great disadvantage in most of the cases ; in a large proportion of them the malady having been of long standing, and in few of them so recent as to leave much hope of recovery.

Your Committee cannot too strongly impress upon the Overseers and Guardians of the Poor how desirable it is that the Insane should be sent to the Asylum in the very commencement of the disease, and how probable the cure of Insanity generally is when the remedies are applied in its earliest stage. Humanity and economy alike recommend this course. In accordance with the agreement entered into with the Town Council of Bath, twenty patients are now in the Asylum at the charge of that Borough.

Your Committee would refer the Court more particularly to the Report of the Medical Superintendent for the state of the patients generally ; observing only that no complaint of an epidemic or infectious character has prevailed among them, and that there is every reason to hope that the situation of the building will prove, as they believe it to be, salubrious. They have also great satisfaction in referring the Court to the 2nd Report of the Commissioners in Lunacy, confirming their first favorable impression of the Asylum, and their approval of its management by your Superintendent, who has overcome all the difficulties attendant upon bringing under due control so many Patients, of whom several had been previously under restraint, and subjected to so different a mode of treatment ; and this, with the aid of Attendants, most of whom had not been before accustomed to such occupation.

COMMISSIONERS' REPORT.

*“Somerset County Asylum,
Nov. 3rd 1848.”*

“This Asylum contains at present 213 Patients, of whom 103 are Males and 110 are Females. Of these 38 appear by the Register, to be under Medical treatment. Three have been lately placed in Seclusion for short periods, but there has been no mechanical Restraint.”

“Since the last visit of the Commissioners, on the 24th of June last, 89 Patients have been admitted, 56 of whom were in bad or feeble health at the time of admission.”

“During the same period 18 Patients have been discharged, and six have died from various causes.”

“We found all the Wards clean, warm, and in good order; the Patients, with scarcely a single exception, tranquil, and under the care apparently, of active and patient Attendants; and we think that the general condition of the Asylum reflects great credit on the Superintendent.”

*B. W. PROCTOR, } Commissioners
J. C. PRICHARD, } in Lunacy.*

Your Committee are exercising every possible economy, with a view to the reduction of the weekly charge to the parishes for patients. Some reduction will immediately take place. The charge has been unavoidably heavy in consequence of the expenses necessarily incurred on the first opening of the Asylum, and the comparatively small number of Lunatics amongst whom that charge had to be distributed; and it will diminish in proportion as they increase, unless the cost of provisions and of other articles should materially advance.

Your Committee are taking measures for licensing the Chapel and Cemetery, and they hope soon to be in a condition to appoint a Chaplain.

Since the last Report was presented £1339 19s. 4d. has been expended in necessary works connected with the Asylum. Much still remains to be done, particularly a Boundary-wall, or some other safe enclosure of the whole Premises; and the Committee feel it necessary to ask the Court for a further grant of £2,000 to meet the above sum, and what is still required to be done.

Signed,

C. A. MOODY, CHAIRMAN,
G. B. NORTHCOTE,
ROBT. CLERK,
G. T. SCOBELL,
R. B. COLES,

J. HIPPISEY,
GEORGE ROUS,
ALEXR. HOOD,
F. H. DICKINSON,
W. G. HAYTER.

*To the Chairman and Visitors of the Somerset
County Asylum.*

GENTLEMEN,

I intend, in this my first Report, after giving a short abstract of the occurrences in the Asylum since it was opened, to state concisely the mode and the principles of the treatment, both moral and medical, and also the chief results of the practice within it.

These results accord in the main with my previous experience, and I do not put them forth as proving of themselves the principles of the modern treatment of lunatics, or as making any additions or modifications of importance in their treatment. But, it occurred to me, that the Visitors, the Magistrates, and those who take an interest in the welfare of the helpless beings under my charge, would expect to receive the fullest information on all questions of management and practice, which I hope to have the pleasure of furnishing them with from time to time as circumstances may require.

I have the honor to be,

GENTLEMEN,

Your obedient and obliged servant,

R. BOYD.

January 2, 1849.

FIRST REPORT

OF THE

SOMERSET COUNTY

PAUPER LUNATIC ASYLUM.

BY ROBERT BOYD, M.D., SUPERINTENDENT.

This Asylum was opened for the reception of patients, on the 1st March, 1848. In the same month, by the desire of the Committee, I visited the different licensed houses in which the Pauper Lunatics belonging to the County were confined; for the purpose of ascertaining their condition, and with a view to making arrangements for their future removal.

The numbers confined in them at that time amounted to upwards of 200; being about one third of the total number of Lunatics and Idiots reported by the Commissioners in Lunacy, in 1847, namely, 610, as belonging to the County, or as 1.3 in 1000 of the population; a number exceeding the average for all England, which is 1.1 in 1000.

The late learned and distinguished Commissioner, Dr. Prichard, in his able work, states that—

“Of the 14,000 insane calculated to exist in England, or of the 12,547 ascertained, “not fewer than 11,000 are paupers, maintained principally at the expence of parishes. “A most remarkable difference is found in the proportional number of lunatics in “agricultural and in manufacturing districts. Previous to inquiry, we should conjecture that the causes of insanity would have more influence, and the disease be more prevalent, in manufacturing than in an agricultural population ; but the contrary is the fact. Thus, in twelve counties in England, of which the inhabitants are chiefly employed in agriculture, the entire population being 2,012,979, the insane amount to 2526, giving about 1 lunatic to 820 ; while in twelve counties where the majority of the inhabitants are otherwise employed, including Cornwall, where a great number are miners, the entire population being 4,493,194, the insane amount to 3910 ; or nearly as 1 to 1200.

* * * * *

“A survey of the statements which I have collected suggests two remarks, which place the subject of mental derangement in its relation to the community in a particular point of view. In the first place, it may be observed that this affliction appears to fall in a great proportion upon the lowest classes of society, since, in England, eleven out of fourteen thousand lunatics and idiots are stated to be paupers. Hence it appears that mental derangement must be looked upon not merely as an individual calamity, but as a serious public burden, for such must be the permanent maintenance of 11,100 paupers in a state requiring more than ordinary care and expence.”—Treatise on Insanity, p. 334—5, 8vo. London, 1835.

The Patients in the Licensed Houses have since been transferred to the County Asylum, and 81 have been sent directly from their own Unions ; making a total of 284 Patients admitted during the 10 months. Of these, 51 have been “discharged off the books ;” 26 recovered ; 5 relieved ; 2 not improved ; 17 dead ; 1 escaped ; remaining 233. (Vid. Tables I and II.)

One of those discharged was a female convalescent, who was intended to have been discharged from a licensed house. Two others were also convalescent on admission.

Of those discharged recovered, 21 were recent cases, or of less than 12 months standing ; which is another instance in proof of the fact now universally admitted, that Insanity, when not complicated, and when it is brought under treatment in its earliest stages,

affords every prospect of recovery;* whereas in those cases that have become chronic, the chance of recovery is not only greatly diminished, but much expence is entailed on the parishes, in the continued support of the patients themselves, and sometimes of their families. I have ascertained this to be the case through the obliging attention of the clerks of some of the Unions. From this circumstance I would respectfully urge upon the parish authorities the advantage of carrying out the power given them by the Act 8 & 9 Vict. c. 126, sec. 48, 49, 50, 51, to remove to the asylum patients labouring under insanity on the first manifestation of the disorder. It was not on slight grounds that the legislature granted this power, but after the strongest and most convincing evidence in proof of the necessity of such a measure.

It is now to be hoped that the prejudice which has so long regarded lunatic asylums as places of ignominy and torture, may, through the modern benevolent treatment, be removed, and that they may be looked upon not as prisons for the detention of offenders against society, but as hospitals for the alleviation of the sufferings of the most helpless class of human beings.

NUMBER ADMITTED.

As already stated, 284 patients have been admitted; and it will be seen, by referring to Table II, in what proportion these have been transmitted from the 19 different unions:—Axbridge, Bath, Bedminster, Bridgwater, Frome, Taunton, have each sent from 20 to 30 Patients; Clutton, Keynsham, Langport, Shepton Mallet, Wellington, Wells, and Wincanton, from 10 to 20 each; and Chard, Mere, Sherborne, Williton, Yeovil, from 1 to 10 each.

Table III shows the admissions and principal occurrences during each month since the opening in March; it also shows the

* Dr. Willis declared that 9 lunatics out of 10 recovered, if they were placed under his care within three months from the attack. Dr. Burrows has reported 221 cures out of 242 recent cases. Dr. Finch has stated that 61 out of 69 Patients recovered who were received into his asylum within three months after the first attack of their disorder. And it appears that 7 out of 8, or perhaps a larger proportion of recent cases, in the Retreat near York, have terminated in recovery.

number of patients in the house during the month, the average number for the first nine months has been 74.1 males, and 80.4 females.

During the three autumnal months, ending November 30, the number of epileptic fits for 14 males has been 394, and for 18 females 1090.

AGE, SEX, SOCIAL STATE.

It will be observed from the results given in Table IV, that the number of patients labouring under insanity gradually increases to the middle period of life, at which time, or about the age of 40, they are most numerous, and again diminish as life advances. The youngest admitted was a boy aged 10 years, and the oldest a man aged $88\frac{3}{4}$ years.

Neither sex nor marriage seem to have exercised any influence on the patients admitted into this asylum; the numbers of males and females, of married and single, being nearly balanced; 152 are reported single, 113 married, and 19 widowed;—amongst the single are included idiots, imbeciles, and epileptics.

The occupations, according to Table V, show, as might be expected, from the pursuits of the population, the greater number of the males to have been employed as agriculturists; next in number are shoemakers and colliers. The greater part of the females have been servants, engaged in household occupations and in needlework.

THE BODILY CONDITION

of one half of the patients on admission was bad, or indifferent (Table VI.) Epilepsy was frequent, especially amongst the females, and both amongst males and females it exhibited its worst form. Several of those recently admitted are of the most hopeless character. Some appear to have been sent here to die. One old man, verging on 90 years of age, was brought in a state of fatuity, and died in a week; five others were not in a much better condition, and were merely sustained for a few weeks by stimulants. In the

Obituary will be found a particular statement of each case of death that has occurred since the opening of the Asylum. From the large proportion of chronic cases, and the number in a feeble state, a considerable mortality must hereafter be expected.

The general state of health of the establishment has hitherto been good; there has been no epidemic, and the condition of many of the patients has materially improved.

RELIGION, EDUCATION.

Table VII. shows the religion and degree of education, with reference to the admissions. From this it will be observed, that more than three-fourths of the patients are able to read, and one half to write also. This is a remarkable circumstance, when contrasted with the low degree of education amongst the prisoners in the jails of this county, which has been commented upon by the chairman at Quarter Sessions.

It is also remarkable that the weight of the brain in those maniacs who have died in the Asylum is above the average, in the proportion of 46.9 to 45.5 in the male, and 42.12 to 42 in the female.

CAUSES.

Much trouble has been experienced in ascertaining the history of those patients who had been for any length of time in confinement. It will be seen from the Table VIII that 16.6 per cent of the cases are hereditary: in at least seven instances, two members of the same family have been inmates of this asylum; all these cases, with two exceptions, have recovered, or are convalescent, but the recurrence of the disorder in them is probable. The cases from intemperance are 14 in number; such generally recover. An unwillingness has been manifested on the part of some of those persons, when well, to leave the Asylum, probably from a fear of their incapacity to resist their old habits. One discharged recovered was readmitted in a state of general paralysis and has since died. Exclusive of the above, there have been 16 cases arising from physical causes, namely, injury, disease of brain, and fatuity, in which no hopes of ultimate recovery could be entertained.

THE DURATION AND FORMS OF DISORDER

are set forth in Table IX. The classification is that adopted by the Commissioners in Lunacy ; as uniformity appears desirable with a view to render the Returns easier of arrangement at the Central Office. Delirium alone has been added, a term not used by the high authorities referred to, but deemed requisite to distinguish the form of disorder in some individuals that were admitted. Mania in its different forms is shown to have been most frequent.

Two hundred and three of the patients admitted were suffering from a first attack, 29 a second, 21 a third or more, and in 31 the number of attacks was not known. The duration of the existing attack, with the result, is shown in Table X.

MEDICAL TREATMENT.

Upon the now generally acknowledged principle, that mental disorder, if not dependant upon, is at least aggravated by bodily disease, symptoms have invariably been attended to in chronic as well as recent cases, and the general health improved and maintained as much as possible.

In cases of ordinary mania, characterized by habitual restlessness, and a constipated habit of body, belladonna and camphor have been extensively employed, after purgatives, and followed in some instances by marked benefit. In a few patients who beat their heads continually, belladonna, veratria, or aconite, applied endermically after a blister have produced a temporary cessation of the violence. Purgatives have been freely administered ; and in violent fits of mania, the shower bath has been found useful, and also tartrate of antimony. Warm baths, of which there is a plentiful supply in the building, have been used when circumstances seemed to require them. In a few cases, where patients have obstinately refused their food, the stomach pump has been employed ; other patients are constantly obliged to be fed by attendants, and some are supplied with a generous diet ; all under medical treatment have their meals regulated from day to day.

The epileptics have met with a large share of attention. Some have been benefited, two discharged relieved, and probably one other will soon be so; in the last case the presence of intestinal worms was the exciting cause of the fits, but she has an hereditary predisposition to epilepsy. She was always benefited by the use of oil of turpentine.

It was remarked, in most of the cases, that the pulse, prior to an attack, became accelerated, being quicker than natural by 20 or 30 beats, so that digitalis was used, either in large doses and singly, or in small and repeated ones. The preparation employed was generally an infusion of the fresh leaves in porter, and it could always be depended upon in epileptics. It is indeed a formidable remedy; in one patient the pulse was reduced by it in 24 hours, from 102 to 48 beats in the minute, and became remittent; the next day it rose to 90, and was regular; a purgative was then administered, and in the next 24 hours the pulse fell to 51, again became remittent, and continued so for three days. The intervals between the attacks in this instance are now longer and the fits less violent. Another patient, in the same corridor, at the same time, was similarly affected. Two males treated with full doses of this medicine resisted its effects, but neither of them were epileptic.

Many cases of melancholia have been benefited by a combination of tonics and sedatives. Hemiplegia and paraplegia have been treated with strychnia: but the general paralysis of the insane, a very fatal form of the disorder, has been found here to have been, in fatal cases, dependent on, or accompanied by, inflammation of the spinal cord; this has in a great degree guided the treatment, and one of the cases seemed to be benefited by cupping, repeated blistering of the spine, and the use of mercury so far as to produce the peculiar fetor of the breath, and slightly to affect the gums: but this patient, from his importunity, was probably allowed to get up too soon, and he had a relapse and died. On examination after death, extensive inflammation of the membranes of the spinal cord and brain were found to exist; also inflammation of the lungs, which so frequently cuts short life in those long confined to the recumbent position. It is remarkable that percussion over the spine did not give any evidence of pain, but on the application of warmth, pain was immediately manifested.

Antispasmodics have been frequently administered, and in a few instances, amongst the females, have been of permanent benefit, and in several, have afforded temporary relief. Emmenagogues have been used with advantage where indicated. The internal administration of chloroform has not hitherto been attended with any appreciable advantage, either in epilepsy or mania. The inhalation of both sulphuric ether and chloroform has been employed, but in no instance with permanent beneficial results. A solution of gun cotton in sulphuric ether has been found very useful in excoriations and sores on the surface of the skin, and in preventing them in bedridden patients. Whenever a case occurred that possessed individual peculiarities, or that required a particular plan of treatment, such other remedies as have been duly recommended and seemed suitable, have been employed.

RESTRAINT, SECLUSION.

The use of mechanical restraint, which is sometimes required to prevent patients injuring themselves, has only been found necessary with four patients, and that at a time when many were transferred to this asylum together, several of whom had been subjected to restraint, and found themselves after their arrival, for the first time liberated from almost constant bonds. Two of those restrained were strong men during a violent and outrageous paroxysm, and then merely by means of a handkerchief tied round the wrists for a short time.

Five females were brought here in strait-waistcoats, and it was stated that about forty females and twenty males had been subjected to personal restraint; it should however be remembered, that some of these were epileptics, whom it was the custom formerly to fasten to their beds at night. All have now been entirely freed from mechanical restraint.

Coercion has been sometimes required in cases of continued obstinacy in refusing to take food or medicine, to be dressed or undressed, or to go into the bath.

A very powerful woman, who was in previous confinement, and who was reported to have been out of personal restraint for only

four months during a period of three years, on one occasion since her admission refused to go to bed, boasted that three or four attendants then present could not put her into her room, and said that she did not believe they could get more assistance. A whistle was blown, and immediately she had ten female attendants and servants about her. She expressed herself satisfied that resistance would be vain, and has since been well conducted, except on two or three occasions for a short time ; she is now one of the most useful patients in the house, and assists in maintaining order among the others.

Another female patient, whose wild appearance and haughty mien must be well known to the visitors, was reported to have been in previous confinement for at least four years, during which time she generally passed four days out of the seven in a strait-waistcoat ; she at times also wore hand-bolts, and often a male attendant came three times in the week to assist in dressing her. Her conduct to nurses and patients was at all times dangerous ; two of the former she attacked desperately, from one of whom she could only be removed by the interference of a man, and from the head of the other she tore a handful of hair. The man referred to is at present an attendant in the asylum, and at the dances has been frequently in the same room with her,—at first she shunned him and avoided his approach, but on a late occasion she voluntarily sat next to and entered into conversation with him. On her admission she kept aloof from all the other patients, and could not be induced to leave her room even at meal times ; now she takes her place at the table, although she has not yet made any acquaintances among the patients. On one occasion only has she shown any symptoms of violence, and being then overcome by numbers, she has ever since conducted herself quietly, and lately volunteered to sit up all night with an attendant who was ill.

A male patient who had been three years confined, the greater part of which time he passed either strapped to the bed or wearing muffles, on two occasions since his admission has had an outbreak, for which he was placed in seclusion a short time, but has never been in personal restraint, and is now to be seen every morning assisting in the corridors.

All these patients have latterly attended church, and one of them overcome with emotion, when taken on the first occasion, said that she "could not help crying, it reminded her so of her home."

Seclusion, which is the new and improved substitute for restraint, inasmuch as it does not subject the patient to the same degree of mortification, irritation and exposure, and is therefore much less likely to keep alive angry and vindictive feelings, has been found necessary, as may be seen by Table III. In it are reported a number of cases that might fairly have been omitted, namely, those of several female patients, who are so disgusting in their habits that they are left in their rooms, where they generally seem very willing to remain till a later hour in the day, with a view to separate them from the others at meals, and during any necessary operations in progress, until the attendants can devote their undivided attention to them. Noisy and destructive patients have, when necessary, been removed from the others; and the violent ones complete the remaining number of cases of seclusion, which have been gradually diminishing. It has been observed, that when a fresh set of patients have been transferred from their previous places of confinement together, those formerly disorderly have broken out afresh, a circumstance which has tended to render seclusion more frequent than it would otherwise have been or is likely to be in future.

The abuses under the old system were very great. I knew some years ago of an attendant, or rather keeper, (the most appropriate term) fastening down eight or ten patients under his charge to their bedsteads, hand and foot, then going off and amusing himself, and when asked how he could be absent, coolly observing "they were all right enough, he had fixed them before he left." These times have passed away, and the patients have something stronger than even humanity to protect them: namely, Sections 50 and 77 of the Lunacy Acts.

GENERAL MANAGEMENT.

By the direction of the Committee of Visitors, printed Regulations for the conduct of the attendants and servants in their duties, have been supplied to each, enforcing on them the necessity of vigilance in the execution of their duties and kindness and forbearance towards the patients.

Extra allowances are granted to the working patients, indulgences and recreations to the most orderly, and with the best effects. In short, whatever can tend to health and amusement mental and bodily is allowed.

The asylum is well situated, and the interior cheerful; the airing courts are spacious, and by the substitution of sunk fences for the high walls generally in use, the surrounding country can be seen from them; and from some, the views are very extensive and beautiful. I am satisfied that whatever gives the place its true character (an asylum or hospital for the benefit of the afflicted) is useful in soothing the patients and promoting their recovery, which may be retarded by that irritation to which they are so prone, by regarding their confinement merely as a punishment.

The heating and ventilation is good; in ordinary weather a temperature of 60° is attained without the aid of open fires, and only in three patients' rooms have they yet been found requisite; it is expected that the necessity for these may be soon done away with.

The kitchen, different workshops, and offices are most commodious and well arranged.

The various arrangements of the establishment have been diligently attended to by the officers. The attendants have also discharged their onerous duties in a satisfactory manner. Without a hearty co-operation and good understanding amongst officers, attendants and servants, no system of management however well arranged, can be successfully carried out.

EMPLOYMENT.

A great many patients are daily engaged in various occupations. Above 60 per cent of the males work in the garden and farm, or assist the attendants and tradesmen in the house and workshops. A similar proportion of the females are daily engaged in household and needlework, and the amount of work done by both sexes is considerable. Fourteen acres of land are under cultivation; about twenty tons of hay have been saved, and three-quarters of a mile of roadways and walks have been made by the patients.

It would be advisable to establish some system for the sale of work done by the patients, with a view to the formation of a fund, from which pecuniary relief might be afforded to those leaving the asylum, who may require it to aid them in starting again in the world.

RECREATIONS.

A room on each side of the house has been appropriated for reading and instruction, and supplied with books and other means for the improvement and amusement of the patients.

During the fine weather the females employed indoors were permitted to take walks in the neighbourhood with the attendants and servants, and also to visit such objects of interest as were near. Since the commencement of the long evenings, as an encouragement to those patients who have been usefully employed during the day, and, in order not to interfere with the duties of the establishment, all the patients deemed capable of enjoyment, have been permitted to assemble once a week and amuse themselves for two or three hours in dancing. At each of these assemblies, all present have behaved in an orderly manner, and at the conclusion retired quietly to their respective beds, expressing themselves much pleased and gratified with their evening's amusement. No unusual excitement has in any case resulted, but many of the patients have laid aside their melancholy, at least for a time, anticipating the next meeting with unequivocal signs of delight. And it is interesting to observe that in some instances there has been a marked effect in improving the moral sense of these afflicted creatures, since they come to comprehend that the indulgence is gained by their good conduct, and thus to entertain that rational hope of being restored to society, which is a valuable help towards their recovery.

RELIGIOUS DUTIES.

From the first opening of the asylum, a number of patients under the charge of attendants, (see Table III.) have been sent every Sunday, with a single exception of a very wet day, to the district church, nearly a mile distant; upon all occasions they have conducted themselves with the utmost decorum. The general

effect of this has certainly been good ; for the privilege has often been taken gratefully, while this permission to join in public worship with their fellow-men, gives the cheerful feeling to some of the insane that they are still regarded as responsible beings. Some of the best conducted have been taken to the Cathedral and to the parish church. Many of those who had been long in confinement had not been in a public place of worship for years : one for 26, one for 13, and several for 4 years.

Prayers are read every evening both on the male and female sides of the house, at which upwards of a hundred patients attend regularly. Owing to the exertions of the House Surgeon and the Steward, the male patients have attained a degree of excellence in singing which is highly creditable.

ESCAPES.

Several attempts to escape have been made, especially amongst the male patients, one of whom reached his home, where, at the request of his friends, he was allowed to remain ; the propriety of his discharge at the time of his leaving being under the consideration of the Committee of Visitors. Another effected his object three days after his admission ; and as he did not return to his home, he was not heard of until lately in London ; some difficulty was found in getting a certificate signed to place him in the asylum, as there existed a doubt of his being insane.

SUICIDE, INQUESTS.

According to the information received since admission, about twenty cases are reported to have attempted suicide in various ways at former periods. No attempt has yet been made here ; but two or three patients have expressed a desire to put an end to their lives, and have excited the suspicion of the attendants by seeking to evade observation.

There have been three Coroner's Inquests held in the asylum since its opening, two of sudden death in epileptic patients, from natural causes ; and one, "found dead," who, as far as could be ascertained, availed himself of an opportunity to leave the asylum

for the purpose of seeing a person on business, whom he knew in the neighbourhood, and died on his way. He had great enlargement of the heart, with asthma.

CONCLUSION.

I have availed myself of the permission of the Committee, and have taken a pupil, (Dr. J. Manley) with whose assistance I have been enabled to present the Statistical Tables thus early to the Visitors. The information to be obtained in such an institution is of much importance both to medical men and to the public.

In conclusion, I have respectfully to acknowledge, with my sincere thanks, the able assistance and indefatigable exertions of the Chairman, in making the preparations for the opening of the asylum ; and to the Committee of Visitors, for the support they have uniformly afforded me, and for the attention they have invariably given to my suggestions, in the organization and management of the establishment.

GENERAL RULES

FOR THE

GOVERNMENT

OF THE

SOMERSET

County Lunatic Asylum,

AS APPROVED OF BY

THE RIGHT HONOURABLE SIR GEORGE GREY, BART.,

One of Her Majesty's Principal Secretaries of State.

COMMITTEE OF VISITORS.

1.—That the Committee of Visitors for the time being shall meet on the Thursday in the first week after the Epiphany Sessions, and shall then (after appointing a Chairman and Clerk to the Visitors) appoint a House Committee, of whom three shall be a quorum.

2.—That they shall appoint two of the Committee of Visitors to be Auditors for the Year, who shall examine the Accounts Quarterly.

3.—That the Committee of Visitors shall also meet at the Asylum on the Thursday immediately preceeding the several Quarter Sessions, and shall at every such Meeting take into consideration and determine on the contracts, rates of payment, and matters of expenditure relative to the Institution.

4.—That three or more of the Committee of Visitors shall, once at least, in every three months, inspect the Asylum and see every Lunatic therein, and perform the duties imposed on the Committee of Visitors by the Act 8 & 9 Vict., c. 126; and shall, at each visit, insert in a Book, to be kept for that purpose, their opinion as to the condition of the Asylum and of the Patients therein, and also such other statements and suggestions as they may deem expedient.

5.—That minutes of the proceedings of all Boards shall be kept and entered by the Clerk of the Visitors, and that at every quarterly Board, the proceedings of the last quarterly Board and of any intervening Boards, shall be read.

6.—That Regulations and Orders for the management of the Asylum shall be taken into consideration and determined on at the first meeting of the Committee of Visitors; and that other regulations, being consistent with the Rules herein laid down, and with the Regulations and Orders for the time being in existence, may be made by any three of the Committee of Visitors, at any General or Special Board.

7.—That no General Rule be altered, nor any new Regulation (except such as last mentioned) be made, unless at some quarterly Board, or at some special Board, to be assembled for the purpose, of which ten day's notice (stating the particular object of such Board) shall be given; and that no alteration in the general Rules shall take effect until it has received the approbation of one of Her Majesty's principal Secretaries of State.

8.—That on the Thursday in the first week after the Epiphany Sessions in each year, the Committee of Visitors shall make such appointments, and perform such duties as may be necessary for carrying into effect the 40th and 42nd Sections of the Act 8 & 9 Vict., c. 126; and that whenever a vacancy shall thereafter occur in any of the Offices of Treasurer, Chaplain, Resident Medical Officer, Superintendent, Matron, or Clerk and Steward, the Clerk of the Visitors shall forthwith convene a meeting (conformably to s. 15 of the 8 & 9 Vict. c. 126) for the purpose of making an appointment, and filling up the vacancy.

HOUSE COMMITTEE.

1.—That one or more at least of the House Committee shall visit the Asylum once a fortnight, and that at the least three of them shall visit the Asylum once in every month; and that their respective duties shall be as follows, viz :—

2.—To inspect the Food, and see that all the Contracts are performed; also to see all the Patients, and all the Wards, and Premises appropriated to their use; and also to inquire and examine as to the convalescence and improvement of particular Patients, and as to the treatment, health, and condition of all.

3.—To examine and sign the Medical and other Journals; and also whenever there be three of the Committee present, to examine all Orders, Certificates, Notices, and Returns relative to Patients from time to time admitted into or discharged from the Asylum, or who shall have died therein.

4.—To advance sums not exceeding £100, to the Superintendent, for current expenses.

5.—To examine the Accounts, and report thereon to the Auditors.

6.—To make entries in a Book, to be kept for that purpose, of the result of their visitations.

7.—To appoint and discharge Attendants and Servants; but in all cases of hiring and discharge, to take into consideration every Report and Recommendation of the Resident Medical Officer relative thereto.

RESIDENT MEDICAL OFFICER AND
SUPERINTENDENT.

1.—That he shall see every Patient at least once in each day, and shall give up the whole of his time to the duties of his Office, and shall not attend to or engage in any professional or other business or employment, except that of the Asylum.

2.—That he shall be Superintendent of the Asylum, and shall have authority to recommend the hiring and discharge of all Attendants and Servants, and shall also generally have the control over the Attendants and Servants, and authority to suspend them whenever he shall deem expedient, reporting the same to the first meeting of the House Committee.

3.—That he shall make a Yearly Report of the number of admissions, removals, and discharges during the year ; and shall also make a like Report as to the general condition of the Patients, and such other matters as may appear expedient for the purpose of showing the state and management of the Asylum.

4.—That he shall be responsible for the management and condition of the establishment and of the Patients therein ; and shall have the direction of the Medical, Surgical, and Moral treatment of the Patients, and of all general arrangements within the Asylum.

5.—That he shall examine every Patient on admission, and make proper entries relative thereto ; and take care that such Medicines as he may deem proper be duly administered.

6.—That he shall classify the Patients of both sexes ; and shall regulate and determine at all times on the diet for sick and infirm patients ; and also that he shall have the power, from time to time, of examining and reporting on the quality of all provisions furnished for the use of the Patients.

7.—That he shall never absent himself for more than one night without the previous written consent of one of the Committee of Visitors ; and then only on condition of his providing a person properly qualified to reside in the Asylum, and perform his duty during his absence.

8.—That he shall superintend and direct the performance of the duties of the Matron, Attendants, and Servants, as prescribed by the “ Regulations and Orders ” of the Committee of Visitors.

9.—That he shall, at all times, and more especially when the Asylum is entirely or nearly full, promote the exchange of harm-

less chronic Patients for Patients whose cases may be recent and supposed to be curable, or who shall be reported as dangerous.

10.—That he shall keep a Journal, in which he shall make the following entries, viz :—1st, the name of every Attendant and Servant whom he shall suspend, together with the date and cause of such suspension; and 2nd, the name of every Patient fit for discharge, or who shall have died or escaped, or on whom any Inquest shall have been held since the last visit of the Committee, and all such other facts, observations, and suggestions as he shall deem important, relative to the condition or management of the Asylum or the Patients therein. And that such entries shall be read as part of the proceedings, at the next meetings of the House Committee and Committee of Visitors respectively.

CHAPLAIN.

1.—He shall perform Divine Service on Sundays, and preach at least one Sermon. He shall also perform Service every day, and shall visit the Patients at such times as he may consider conducive to their benefit, and also perform the Burial Service, and such other duties as may be required; but before administering the Rites of the Church to any of the Patients, he shall have the concurrence of the Medical Superintendent.

2.—He shall not absent himself from his duties without the leave of two Visitors, to be entered in a book kept for that purpose, and on all such occasions he shall provide a suitable Clergyman (who shall be approved of by the said Visitors) to perform the whole duties during his absence.

TREASURER.

1.—That all Monies shall be paid to the Treasurer, and that he shall keep the Accounts, and make them up to the 31st day of December, annually; and state the Balance (if any) then in his hands.

2.—That he shall give security for a sum to be named by the Committee of Visitors, unless the Committee of Visitors shall in writing dispense therewith.

MATRON.

1.—That she shall be under the control of the Committee of Visitors and of the Superintendent. That she shall obey the directions of the Medical Officers, and shall be responsible for the condition of the Female Wards, and shall have the control over the Female Attendants and Servants under the Resident Medical Officer.

2.—That she shall see all the Female Patients, and every Ward appropriated to their use, at least twice a day, and shall report all illness and casualties, and whatever she knows to be improper or contrary to order to the Medical Officer, as soon as the same shall occur; and shall consider herself responsible for the cleanliness of that part of the Asylum under her control; and superintend the bedding and clothing of the Patients, dietary of the sick and the Infirmary, and use her best endeavours to induce the Female Patients to occupy themselves in needle and household work, and other fit employment.

3.—That she shall take care of such goods, furniture, and linen, as are placed under her charge, according to inventory, and consider the Laundry to be under her superintendence and care, and be responsible for the proper washing, airing, and distribution of the clothes.

CLERK AND STEWARD.

1.—That the Clerk shall also act as Steward, and shall perform all the duties of both those offices.

2.—That he shall take care of all the books, and papers, (except the medical books) and of all the stores; and shall be responsible for the quantity, quality, and safe keeping of all articles received.

3.—That he shall superintend the weighing and measuring of the provisions so as to suit the Diet Tables.

4.—That he shall take stock once a quarter, and keep quarterly accounts of all monies received and paid to the Treasurer; and

also of all goods ordered and payments made for the same, in such form as the Committee of Visitors shall direct.

5.—That he shall distinguish the Building Account from the Maintenance Account, and the Accounts of the County from those of the Unions and Parishes, and shall lay an Abstract of the Accounts before the Visitors at the quarterly meetings, showing the monies received and paid, and the Unions and Parishes in arrear.

THE HOUSE SURGEON AND APOTHECARY.

1.—That he shall be under the control of the Committee of Visitors, and of the Superintendent, and obey his directions.

2.—In the temporary absence of the Superintendent to perform his *Medical Duties*, and to have authority over the Attendants, and check any irregularities.

3.—To compound the Medicines and attend to any remedial means prescribed for the Patients ; to assist in keeping the Medical Books, to examine and correct the Diet List daily, and see that the extras for the sick are duly supplied.

4.—In the absence of the Superintendent, to receive the patients and make the proper entries.

GENERAL MANAGEMENT.

1.—That the Male and Female Patients be kept in separate Wards ; and that no Male Attendant, Servant, or Patient, be allowed to enter the Female Wards ; nor any Female to enter the Male Wards, except in cases where the Resident Medical Officer shall deem it advisable to appoint Nurses or Female Servants to attend for that purpose.

2.—That the convalescent and quiet Patients be, in general, separated from those who are refractory, noisy, or dangerous ; and that the clean be at all times separated from the dirty Patients.

3.—That there be at least one Attendant for every Ward ; and that there be not less than one Attendant for every twenty-five Patients who are tranquil or convalescent, and not less than One Attendant for every fifteen Patients who are dirty, violent, or refractory, or dangerous to themselves or others.

4.—That at least one Room on the Male side, and one Room on the Female side, be appropriated as Infirmarys for the different sexes.

5.—That during the day the Patients of both sexes be employed as much as practicable out of doors ; the men in gardening and husbandry or other suitable employment, the women in occupations suited to their ability ; and, that as a principle in treatment endeavours be continually used to occupy the minds of the Patients, to induce them to take exercise in the open air, and to promote cheerfulness and happiness amongst them.

6.—That workshops and tools be provided ; and artizans and others be encouraged to follow their particular callings, and to learn shoemaking, tailoring, and other common and useful trades ; and that needle-work, straw-work, and other suitable employments be provided for the women.

7.—That an ample supply of books and publications of a moral and cheerful nature (in addition to bibles and prayer books) be provided and kept up in case of destruction ; and that various means of amusement be placed at the disposal of the Patients of both sexes, and that they be encouraged to have frequent recourse thereto.

8.—That the Airing-Grounds, into which the several Wards open, be accessible to the Patients for at least three hours in the morning, and three hours in the afternoon of every day, when the weather is favourable.

9.—That One Attendant sleep in or adjoining to, and so as to overlook every Dormitory, and that a light be kept burning throughout the night.*

* There is a night watch on each side of the house

10.—That no Dormitory for Male Patients (excepting Rooms for single Patients) contain less than three Beds ; that a space of at least two feet be between the beds ; and that all the Male Patients sleep in single Beds.

11.—That no Patient be struck or kept in perpetual restraint or seclusion ; and that no Patient be restrained or secluded at any time, except by medical authority, or kept in restraint or seclusion longer than is absolutely necessary.

12.—That all the Attendants be instructed to treat their Patients kindly and indulgently, and never to strike or speak harshly to them ; and that they be responsible for safety, cleanliness, and general condition of their Patients, and for the ventilation, proper warmth, and good order of their respective Wards.

13.—That near relations and friends of the Patients be allowed to visit them once in every fortnight, but that no visitor be admitted to any Patient, if the Resident Medical Officer shall state in writing, that he considers the visit likely to be injurious to such Patient, or otherwise inexpedient.

14.—That in case of the illness of a Patient, or if the Friends come from a distant place, or be otherwise unable to come on a week-day, such Patient's friends be admitted to visit on Sundays, during the space of two hours after morning or evening Service.

15.—That upon every visit made by a male relation or friend, or by a Parish Officer, to a female Patient, the Matron or female Attendant accompany the Visitor and remain in the room throughout the interview.

16.—That no stranger be admitted into any part of the Asylum occupied by Patients except by the written authority of one of the Committee of Visitors, or One of the Commissioners in Lunacy, unless accompanied by some Medical Officer belonging to the Institution.

17.—That on the Death of a Patient notice be immediately given by the Clerk to the Parish Officers, and also to one of the

nearest relations of the deceased, (if his address be known) and the body delivered to them if requested; but that if the body be not removed on the Fourth day after death, it shall be buried under the direction of the Superintendent. Should the Medical Officer consider earlier interment to be necessary, this rule is to be dispensed with.

18.—That no Patient pass beyond the grounds of the Asylum until discharged by due authority, unless the temporary absence of such Patient be permitted, under the power contained in the 71st Section of the Act, 8 & 9 Vict., c. 126; or unless the Resident Medical Officer shall give express directions for that purpose.

TABLES, &c.

TABLE I.

Showing the time that each of 25 cases required for its treatment to effect recovery ;
arranged in a line, with the length of time it had existed prior to admission.

Duration of the disease prior to admission.	No. of Cases.	Time occupied in the Treatment to effect recovery.				
		MONTHS.				
2 Weeks	3	3	7	4		
3 ditto	1	2				
4 ditto	1	7				
5 ditto	2	5	3			
6 ditto	1	6				
8 ditto	3	2	5	8		
3 Months	2	5	4			
5 ditto	1	2				
6 ditto	5	2	3	6	7	7
10 ditto	1	3				
18 ditto	2	3	2			
2 Years	2	4	5			
3 Years	1	5				

Of these 25 Recoveries, the form of disorder had been—

Ordinary Mania	4 cases.
Periodic Mania	9 ditto.
Monomania	2 ditto.
Melancholia	8 ditto.
Moral Insanity	1 ditto.
Delirium Tremens	1 ditto.

and the exciting causes were—

Hereditary pre-disposition in	3 cases.
Grief	5 ditto.
Harsh treatment	4 ditto.
Destitution.....	3 ditto.
Fright	2 ditto.
Religious Enthusiasm	2 ditto.
Love	1 ditto.
Critical Period	1 ditto.
Bad Education	1 ditto.
Inebriety.....	2 ditto.
Affection of the organ of hearing.....	1 ditto.

Showing the numbers of Patients admitted from each Union, distinguishing between those brought from their own Homes, the Workhouses, and Licensed Houses, with the Results.

UNIONS.	Homes.		Workhouses.		Licensed Houses.		Total.		Relieved.		Recovered.		Died.		Remaining in House.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	Total.
Axbridge	2	4	1	..	9	13	12	17	..	..	..	4	..	..	12	24
Bath	2	3	..	..	9	14	11	17	..	..	..	..	..	..	11	28
Bedminster	2	1	4	..	7	11	13	12	..	..	1	..	..	3	12	21
Bridgwater	5	2	2	1	4	8	11	11	..	..	..	1	1	..	10	20
Chard	1	1	..	..	2	1	3	2	..	..	..	..	..	..	2	4
Clutton	2	3	..	2	5	5	7	10	1	1	..	..	..	..	6	15
Dulverton	2	..	..	..	1	10	3	11	..	..	1	..	..	..	2	2
Frome	2	1	..	..	12	10	14	11	1	..	1	1	1	..	10	18
Keynsham .....	..	2	..	..	6	4	6	6	..	..	..	..	1	..	5	11
Langport .....	..	3	..	..	7	4	9	7	..	1	..	1	1	..	7	12
Mere .....	..	1	2	1	..	..	..	2	..	..	..	..	..	..	..	2
Shepton Mallet	3	1	..	..	6	4	11	5	1	..	..	..	2	..	7	12
Sherborne .....	..	2	2	4	..	1	..	1	..	..	..	2	..	..	4	1
Taunton	1	1	..	4	4	15	7	21	..	..	2	2	1	..	19	23
Wellington .....	..	1	..	..	9	6	10	7	..	..	..	..	..	..	10	17
Wells	5	..	1	..	3	3	9	3	..	..	2	2	2	..	5	8
Williton	2	1	2	..	..	2	4	3	..	..	2	2	..	..	2	3
Wincanton	1	..	3	..	1	6	5	6	..	..	1	2	2	..	2	6
Yeovil	4	..	..	..	3	1	7	1	..	..	2	..	..	..	5	6
TOTAL	37	26	17	8	88	108	142	142	3	2	13	13	11	6	112	233

One escaped, Two discharged not improved.

TABLE III.

Showing the principal occurrences of each month since the opening of the Asylum.

	March.		April.		May.		June.		July.		August.		September.		October.		November.		December.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
No. of Patients admitted	14	13	23	14	17	33	21	28	21	16	13	7	10	4	5	4	13	20	5	3
No. of Patients discharged recovered ..	..	1	1	..	3	2	1	2	1	2	1	..	1	1	3	2	2	3	..	1
No. of Patients discharged relieved .....	..	..	..	..	..	..	..	..	..	..	..	..	1*	..	..	1	1	..	..	..
No. of Patients discharged not improved ..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..
No. of Deaths.....	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	1	3	2	2	2
No. of Patients in House.....	14	12	36	26	49	57	67	83	85	96	95	103	101	106	102	106	109	126	112	121
No. of Epileptics .....	..	..	..	..	3	5	6	13	7	9	12	14	12	18	14	16	12	18	12	17
Aggregate No. of Fits .....	..	..	..	..	13	21	26	200	65	320	143	381	117	322	176	360	111	408	145	347
No. of violent Patients.....	1	..	..	1	..	1	4	..	3	4	3	7	6	..	4	1	2	4	5	2
No. of Dirty Ditto .....	..	..	..	..	..	5	4	8	6	12	9	19	8	18	8	15	8	18	8	22
No. of Destructive .....	..	..	..	..	1	2	4	6	3	10	4	5	5	11	4	9	4	15	10	16
No. of Panes of Glass broken .....	..	..	..	..	..	6	4	29	..	30	4	28	3	12	13	14	4	21	27	62
No. of Patients in restraint.....	..	..	..	..	..	..	2	2	1	2	1	1	..	1	..	..	..	..	..	..
No. of Ditto in seclusion .....	..	..	..	..	4	3	1	8	5	9	8	7	5	10	2	9	1	5	3	5
Aggregate Hours of seclusion .....	..	..	..	..	21	7	65	286	117	345	130	330	69	525	36½	434	18	129	76	188
Average Hours of Ditto .....	..	..	..	..	h m	h m	h m	h m	h m	h m	h m	h m	h m	h m	h m	h m	h m	h m	h m	h m
No. of Patients under Medical treatment	6	4	7	6	5-15	2-15	65	35-48	23-24	38-20	16-15	47-8	13-45	52-30	18-15	48-13	18	25-48	25-3	37-6
Attending Chapel	8	2	8	8	16	9	25	21	21	19	23	15	27	21	23	15	21	21	30	20
Ditto Evening Prayers .....	..	2	..	8	20	17	40	18	56	32	62	34	76	36	80	40	80	44	81	45
Greatest Weekly Number.....	8	12	18	28	36	35	42	58	49	57	53	62	62	68	65	68	68	74	69	68

TABLE IV.

Showing in quintennial periods the ages of those admitted, the sexes, the civil condition, and the number of attack of Insanity.

Age in Quintennial periods.	No. of Admissions.			CIVIL CONDITION.						NUMBER OF ATTACK.																					
				Single.			Married.		Widowed.		1st.		2nd.		3rd. or more.		Unknown.														
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.														
From 10 to 15 years.	2	5	2	2	6	11	2	5	7	2	5	7	10	15	12	10	16	11	9	10	7	5	2	3	2	4	1	1	3	..	..
15 — 20	6	11	21	6	10	21	6	9	12	6	10	14	13	17	10	13	17	10	15	12	10	16	6	8	4	4	4	2	..	..
20 — 25	10	15	29	10	14	29	10	12	10	12	10	15	12	10	16	10	16	6	8	4	4	4	2	..	..	..	..	..	..	..	..
25 — 30	14	17	34	14	13	34	14	10	12	11	6	13	16	11	9	10	7	5	2	3	2	1	..	..	..	..	..	..	..	..	..
30 — 35	17	19	40	17	11	40	17	6	7	6	12	5	8	6	3	3	3	3	2	1	..	..	..	..	..	..	..	..	..	..	..
35 — 40	21	18	31	21	6	31	21	6	8	6	5	8	6	3	3	3	3	2	1	..	..	..	..	..	..	..	..	..	..	..	..
40 — 45	13	13	32	13	6	32	13	6	2	6	12	5	8	6	3	3	3	2	1	..	..	..	..	..	..	..	..	..	..	..	..
45 — 50	19	13	21	19	3	21	19	3	2	3	8	2	3	2	3	3	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..
50 — 55	8	13	26	8	3	26	8	2	3	3	5	2	3	2	3	3	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..
55 — 60	13	9	15	13	2	15	13	2	3	2	9	2	3	2	3	3	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..
60 — 65	6	2	9	6	7	9	6	2	6	7	11	2	6	7	5	11	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..
65 — 70	7	6	11	7	5	11	7	6	6	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
70 — 75	5	..	..	5	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75 — 80	..	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
80 — 85	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
85 — 90	1	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	142	142	284	76	76	58	55	7	12	102	103	17	13	11	10	12	16	21	30	205	255	205	19	113	113	19	30	21	28	28	28

TABLE V.

Showing the occupations of Patients admitted.

FEMALES.		MALES.	
Agriculture.....	10	Agriculture.....	35
Domestic servants ..	32	Bakers & Millers	3
Glove maker	1	Blacksmiths	3
Governesses	2	Butchers	3
Household work	36	Carpenters	6
Huxters	3	Clerks	3
Letter carrier.....	1	Colliers	8
No occupation	8	Domestic servants....	3
Not known	15	Gardeners	10
Nurse	1	Glove makers.....	2
Sempstresses	17	Hairdresser.....	1
Silk spinner	1	Hawker	1
Straw workers	3	Huxter.....	1
Washerwomen	8	Letter carrier.....	1
Weavers	4	Mason	6
		No occupation	15
		Painters	4
		Policeman	1
		Publican	1
		Rope maker	1
		Saddler	1
		Sailors	3
		Sawyers	2
		Schoolmaster	1
		Shoemakers	11
		Soldiers	2
		Stablemen	5
		Tailors	3
		Thatcher	1
		Weavers	5

TABLE VI.

Showing the bodily health of patients on admission, contrasting it with their present condition.

	Bodily Health on Admission.			Bodily Health at present.		
	Good.	Bad.	Indifferent	Good.	Bad.	Indifferent.
MALES	71	38	33	79	11	31
FEMALES	70	27	45	69	26	27

TABLE VII.

Showing the degree of Education and the Religion, with reference to the admissions.

DEGREE OF EDUCATION.						RELIGION.							
Good.		Read & Write.		Read only.		Neither read nor Write.		Church of England.		Dissenters.		Wesleyans.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
7	6	66	45	36	63	31	28	91	103	18	16	12	11

Two Roman Catholics, One Jew.

TABLE VIII.

Showing the probable causes of disorder.

MORAL.	Males.	Females.	PHYSICAL.	Males.	Females.
Ambition	3	3	Accidental Injury	5	1
Destitution	2	1	Critical period .....	..	3
Disappointment .....	..	1	Disease of Brain	4	5
Dissipation	1	..	Affection of the organ }	1	..
Dread of poverty	2	..	of hearing	1	..
Fright	1	5	Fatuity.....	1	..
Grief.....	5	13	Fever	4	1
Loss of property	6	5	Hereditary disposition ..	23	24
Love	4	3	Intemperance	12	2
Religious excitement....	2	2	Puerperal disease .....	..	2
Bad education.....	1	..	Want of rest	2	..

TABLE IX.

Showing the forms of disorder.

FORMS OF DISORDER.	MALES.	FEMALES.	TOTAL.
Mania—			
Acute Mania	6	6	12
Ordinary Mania	20	44	64
Periodical Mania	13	12	25
Dementia or Incoherence.....	28	30	58
Melancholia	15	16	31
Monomania	13	6	19
Moral Insanity	5	1	6
Congenital Idiocy	6	1	7
Congenital Imbecility	9	3	12
Epilepsy	17	22	39
General Paralysis	6	..	6
Delirium Tremens	2	..	2
Delirium	2	1	3

TABLE X.

Shewing the duration of the existing attack in those admitted with reference to the result.

Duration of existing attack.	Admitted.		Recovered.		Relieved.		Died.		Remaining.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 Month.	8	9	2	2	..	..	1	1	4	6
From 1 to 2	12	7	2	2	..	..	2	..	8	5
2 .. 3	6	2	3	1	..	..	1	..	2	1
3 .. 4	1	1	..	1	..	..	..	..	1	..
4 .. 5	2	..	..	..	..	..	1	..	1	..
5 .. 6	1	1	1	1	..	..	..	..	..	..
6 .. 7	3	2	1	2	..	..	..	..	2	..
7 .. 8	3	1	..	..	..	..	..	..	3	1
8 .. 9	1	1	..	..	..	..	..	..	1	1
9 .. 12	4	1	1	1	1	..	..	..	2	..
12 .. 18	9	8	2	..	1	1	2	..	2	7
18 .. 24	3	6	..	..	..	..	..	..	3	6
Years.										
2 .. 3	10	14	..	3	..	..	2	..	8	11
3 .. 4	11	9	..	..	1	..	..	..	10	9
4 .. 6	10	8	1	1	..	..	..	..	9	7
6 .. 9	7	11	..	..	..	..	..	1	7	10
9 .. 12	3	12	..	..	..	..	..	..	3	12
12 .. 15	5	12	..	..	..	..	..	..	5	12
15 .. 20	6	2	..	..	..	..	..	..	6	2
20 .. 25	5	1	..	..	..	..	..	..	5	1
More than 25	1	1	..	..	..	..	..	..	1	1
Congenital Idiots..	13	2	..	..	..	..	..	..	13	2
Ditto Imbeciles ..	..	3	..	..	..	..	..	..	..	3
Epileptics	13	20	..	..	..	..	2	3	11	17
Unknown	5	8	..	..	..	..	..	1	5	7
Total	142	142	13	14	3	1	11	6	112	121

Two male patients, whose attacks have each lasted between Twelve and Eighteen Months were discharged not improved, and One recent case escaped.

APPEARANCES AFTER DEATH, With the weight of the principal Organs in Ounces Avoirdupois.					HEAD AND SPINE.		CHEST.	ABDOMEN.
Date of Death. 1848.	Date of last admission. 1848.	Age at Death.	Mental State and Bodily condition on admission.	Duration of Disorder.	Assigned Cause of Death.			
June 11.	May 5.	39	Acute mania, good condition.	2 years.	Pleuro-pneumonia	Fluid in the cerebral membranes, congestion of brain, weight 49.	Inflammation of lungs and pleura, right lung 33, left 30, heart 13.	Viscera natural but large, liver 68, spleen 10, kidneys, right $8\frac{1}{2}$, left, $7\frac{1}{2}$.
June 18.	May 20.	53	Epilepsy, good condition.	9 years, confined.	Had a fit whilst dressing & died suddenly, in quest case, "visitation of God."	Brain natural, the weight $47\frac{3}{4}$.	Congestion of the lower portions of both lungs, the right 31 the left 26, the heart $13\frac{3}{4}$.	Liver $53\frac{1}{2}$, spleen soft, 9 Kidneys, right $6\frac{1}{2}$, left, $7\frac{1}{4}$.
Aug. 22.	March 29.	$44\frac{1}{2}$	General Paralysis bad condition.	15 months.	Fluid on the brain and pericarditis	Arachnoid thickened, bony matter in falx, fluid in ventricles and spinal canal, weight of brain 43.	Bronchitis, œdema of lungs right 24, left 30 matter in pericardium, & lymph on heart's surface, 12.	The stomach large 7, liver 58, spleen $5\frac{1}{2}$, kidneys, right $5\frac{3}{4}$, left 6.
Sept. 13.	August 15.	40	Periodical mania, bad condition.	2 months.	Fluid on the brain, P. Pthisis, gangrene of left lung.	Chronic arachnitis, fluid in the ventricles of brain which was large, the weight 55.	Recent pleuritic adhesions, tubercles in & gangrene of left lung, weight 33, right 23, heart $9\frac{1}{2}$.	Tubercles in mesentery, ulceration in ileum, stomach elongated 6, liver 37, spleen 5.
Sept. 16.	August 21.	53	General paralysis very bad condition, carbuncles on back, &c.	3 years.	Softening of brain, pneumonia	Chronic arachnitis, fluid in the brain, and central softening, weight 46.	Old pleuritic adhesions, bronchitis, pneumonia, left lung 31, right 26, heart 10.	Viscera natural, liver 57, stomach 5, spleen 6, kidneys, right, $3\frac{1}{2}$ left 4.
Oct. 28.	Sept. 27.	47	Delirium, bad condition, emaciated, bed sores	1 month.	Fluid on the brain, gangrene of rt. lung, pneumonia of left	Softening of corpus callosum, fluid in ventricles of brain, weight 44.	Gangrene of right lung, weight 28, pneumonia of left 33, heart 8.	Viscera natural, liver 53, spleen $1\frac{3}{4}$, kidneys, right $4\frac{1}{4}$, left $4\frac{1}{2}$.
Nov. 16.	August 28.	$52\frac{1}{2}$	General paralysis very feeble condition.	3 months.	Softening of spinal cord	Fluid in base of brain and spinal canal, weight of brain $44\frac{1}{2}$, softening and enlargement of cord.	Slight pleuritic adhesions, right lung $17\frac{3}{4}$, left lung 19, heart small, 8.	Liver 58, spleen $3\frac{3}{4}$, kidneys each $5\frac{1}{4}$, emaciated, bed sores.

Date of Death. 1848.	Date of last admission. 1848.	Age at Death.	Mental state and Bodily condition on admission.	Duration of Disorder.	Assigned cause of Death.	APPEARANCES AFTER DEATH, With the weight of the principal Organs in Ounces Avoirdupois.		
						HEAD AND SPINE.	CHEST.	ABDOMEN.
Nov. 19.	Nov. 11.	88 $\frac{3}{4}$	Delirium, large ulcer on right ankle for 48 years.	4 months.	Delirium, Bright's kidneys	Softening of a portion of left cerebral hemisphere, weight of brain 49 $\frac{3}{4}$.	Firm pleuritic adhesions, two pints fluid on left pleura lung compressed, 13, right 24, heart enlarged, 14 $\frac{1}{2}$.	Liver 40, spleen soft 4, kidneys small, granular, each 3.
Nov. 30.	Oct. 26, re-admission.	40	General paralysis, bad condition.	2 weeks.	Arachnitis, double pneumonia	Old injury to skull in Paris riots 1830, general inflammation of arachnoid of brain and cord, weight of brain 44 $\frac{3}{4}$.	Pneumonia of both lungs, right 42, left 47, heart 9 $\frac{3}{4}$.	Liver large, 71, spleen 7, stomach 6, kidneys, right 6, left 6 $\frac{1}{4}$.
Dec. 17.	March 13.	67	Periodical mania, feeble condition, asthmatic.	1 year.	Asthma, enlarged heart, inquest case, "found dead."	Chronic arachnitis, brain large and unusually firm weight 57 $\frac{3}{4}$, some blood clots in spinal muscles.	Emphysema of both lungs, the right 15, left 16 $\frac{3}{4}$ heart enlarged, 15 $\frac{1}{2}$.	Viscera large, the liver gorged 71, spleen 9, kidneys, each 6 $\frac{1}{4}$.
Dec. 25.	Decr. 1.	19	Epileptic, feeble condition, emaciated.	From Birth	Severity of fits, sudden death, inquest case, "visitation of God."	Skull had prominent processes, arachnitis of brain and cord, cerebral hemispheres unequal, brain small 35 $\frac{1}{2}$.	Remains of thymus, lungs collapsed, right 8, left 6, heart 6 $\frac{1}{4}$, white speck on its surface.	Viscera natural, liver 39, spleen 6, stomach 4, kidneys, right 3 $\frac{3}{4}$, left 4.

APPEARANCES AFTER DEATH.							
With the weight of the principal Organs in Ounces Avoirdupois.							
Date of Death. 1848.	Date of last admission. 1848.	Age at Death.	Mental state and Bodily condition on admission.	Duration of Disorder.	Assigned cause of Death.	HEAD AND SPINE.	
						CHEST.	
						ABDOMEN.	
July 18.	June 6.	38	Epilepsy, feeble condition.	From childhood.	Frequency and severity of the fits, cerebral disease	Organs natural, right lung 10, left lung 8 $\frac{3}{4}$, heart 9 $\frac{1}{2}$	Viscera natural, liver 54, spleen 4, kidneys, each 3 $\frac{3}{4}$.
Oct. 26.	Oct. 12.	52	Delirium, phrenitis, bad condition.	2 weeks.	Inflammation of the brain.	Muddy fluid in ventricles and softening of centre of brain, weight 36.	Dark spots on spleen 5, liver 54, mucous membrane of stomach dark coloured 4 $\frac{1}{2}$, kidneys, each 3 $\frac{3}{4}$.
Nov. 22.	May 24.	30	Ordinary mania, feeble condition	8 years.	Meningo-cerebritis, pulmonary phthisis.	Cranium thick, pus. in the ventricles on membranes and a little in structure of brain, at the base, &c. weight 41.	Congestion of ileum, the stomach elongated downwards 6, liver 40, spleen 5, kidneys, right 3 $\frac{3}{4}$, left 4.
Nov. 24.	July 28.	41	Epilepsy, good condition	not ascertained.	Ulceration of the large intestines	Cranium thick, the cerebral hemispheres differed slightly in size, weight of brain 44.	Liver 52, small calculi in gall bladder, spleen small 3, kidneys, each 4, the entire mucous membrane of colon and rectum ulcerated.
Dec. 18.	June 6.	27	Epilepsy, paralysis, bad condition, emaciated	Ditto	Softening of spinal cord, emaciation.	Prominent processes in skull, weight of brain 45 $\frac{3}{4}$, the cervical and part of the dorsal portion of spinal cord in a softened state.	Viscera small, liver 30, spleen 4, stomach 5 $\frac{1}{2}$, kidneys, each 3 $\frac{1}{2}$.
Dec. 26.	July 28.	75	Dementia, bad condition.	Ditto	Bronchitis, senile debility.	Fluid in base of skull and spinal canal, brain rather soft, weight 47 $\frac{1}{4}$.	Liver soft 35, spleen 3, stomach 4 $\frac{1}{2}$, pancreas 3, kidneys, right 3 $\frac{1}{2}$, left 3.

DIETARY TABLE.

PATIENTS' DAILY ALLOWANCE.

	Bread.	Bread.	Butter:	Butter.	Cheese.	Uncooked Meat, free from Bone.	Vegetables.	Suet or Rice Puddings.		Broth or Pea Soup.	Coffee.	Ale or Cider.
	M. Ozs.	F. Ozs.	M. Ozs.	F. Oz.	M. Ozs.	M.&F. Ozs.	M.&F. lbs.	M. Ozs.	F. Ozs.	M.&F. Pts.	M. Pt.	M.&F. Pts.
Sunday ..	16	14	$\frac{1}{2}$	1	$1\frac{1}{2}$	..	..	14	12	..	1	$1\frac{1}{2}$
Monday ..	16	14	$\frac{1}{2}$	1	$1\frac{1}{2}$	8	1	..	..	..	1	$1\frac{1}{2}$
Tuesday ..	16	14	$\frac{1}{2}$	1	$1\frac{1}{2}$	8	1	..	..	..	1	$1\frac{1}{2}$
Wednesday	16	14	$\frac{1}{2}$	1	..	..	..	14	12	..	1	$1\frac{1}{2}$
Thursday	16	14	$\frac{1}{2}$	1	$1\frac{1}{2}$	8	1	..	..	..	1	$1\frac{1}{2}$
Friday* ..	16	14	$\frac{1}{2}$	1	..	3	$\frac{1}{2}$	..	..	$1\frac{1}{2}$	1	$1\frac{1}{2}$
Saturday	16	14	$\frac{1}{2}$	1	$1\frac{1}{2}$	8	1	..	..	..	1	$1\frac{1}{2}$

Each female patient is allowed $1\frac{1}{2}$ ounce of Tea, half a pound of Sugar, and one pint of Milk weekly. The Tea, being infused in bulk, produces one pint of Good Tea for each patient night and morning:

WORKING PATIENTS.—The male patients who work in the garden or on the farm, as well as those employed as Bricklayers, Carpenters, Smiths, &c., are each allowed for luncheon Bread and Cheese and three-quarters of a pint of Ale or Cider, and the same quantity of Ale or Cider in the afternoon.

The females employed in the Kitchen, Laundry, &c., are each allowed Bread and Cheese, and half a pint of Ale or Cider, or one pint of Broth.

The sick, throughout the establishment, are dieted by the direction of the Medical Officers.

* On Friday the Meat is made up into a Pie or Stew. A Fish Dinner, consisting of half pound of fresh Fish and one pound of Vegetables is substituted about once a fortnight for Soup or Pudding.

BALANCE SHEET

On Account of SOMERSET COUNTY LUNATIC ASYLUM, between the 1st March and 31st December, 1848.

[illegible]

Dr.

FINANCIAL STATEMENT of the Visiting

	£.	s.	d.
To Amount of Money borrowed by orders of the General Quarter Sessions, as authorized by the 9th Geo. 4, chap. 40	52,000	0	0

£52,000 0 0

Audited in Committee, January 25th, 1849, present—

C. A. MOODY, Esq., M.P.
SIR ALEXANDER HOOD, BART., M.P.
COL. COLES,
REV. H. W. BARNARD,
ROBERT CLERK,
JOHN HIPPISELY,
JOHN M. CARROW,
W. H. M. COLSTON, and
RALPH NEVILLE.

} Esquires.

SOMERSET COUNTY

LOAN

To Money Borrowed under Orders of Court at the Several Quarter Sessions hereinafter stated—

	£.	s.	d.
1843.—Spring	5,000	0	0
1844-5.—Epiphany	25,000	0	0
1846.—Michaelmas.. .. .	10,000	0	0
1847.—Michaelmas	10,000	0	0
1849.—Epiphany	2,000	0	0

£52,000 0 0

*Justices of the Somerset Lunatic Asylum.**Cr.*

	£.	s.	d.
By purchase of Lands near Wells, conveyance, and other legal expenses ..	6776	6	7
The late Charles Kirk, Builder, and his Executors, for building as per } Contract }	34686	18	0
Commission to the Architects, Mr. Moffatt, and County Surveyor ..	2141	2	3
Salary to Clerks of the Works	483	19	1
Poor Rates, Rent Charges, and other Payments	44	17	5
Messrs. Hayden, Ventilating and Warming Apparatus	1099	8	6
Mr. Kelway, Gas Fittings and other Lighting Works	452	4	4
Messrs. Cockey, Gasometer and Machinery therewith	337	8	7
Treasurer's Salary, three and half years	130	0	0
Salaries of Superintendent and <i>others</i> previous to opening the Asylum	688	6	1
Levelling Grounds and Building after the expiration of Contract ..	1620	6	8
Furniture, Bedding, Clothing, Linen, Culinary and other Articles ..	3068	1	6
Balance in hand	471	1	0

£52,000 0 0

LUNATIC ASYLUM.

ACCOUNT.

By Sundry Payments on account of Principal Money and Interest—

		Interest.	Principal.
1847. } Jany. 15. } To 31st December, 1846	£877	14 8	£6,000 0 0
Novr. 17. } To 19th October, 1847	£821	13 3	£6,500 0 0
1849. } Jany. 5. } To 17th October, 1848	£1274	2 2	£7,000 0 0
			£19,500 0 0
Balances due—To 27th March, 1849	£590	14 4	£32,500 0 0
			£52,000 0 0

SOMERSET COUNTY

Income and Expenditure from the

INCOME.

Heads of Income received and due from UNIONS.	QUARTER'S ENDING									TOTAL.			
	June 30th.			Sept. 30th.			Decr. 31st.						
	£.	s.	d.	£.	s.	d.	£.	s.	d.	£.	s.	d.	
Axbridge	102	15	9	163	8	10	164	17	7	431	2	2	
Bath .....	..	..	..	..	..	..	125	13	3	125	13	3
Bedminster	17	7	6	129	2	4	155	11	7	302	13	5	
Bridgwater	56	0	0	124	1	0	165	12	5	345	13	5	
Chard	13	18	2	21	13	10	28	18	4	64	10	4	
Clutton.....	65	12	5	89	9	11	97	13	6	252	15	10	
Dulverton	6	8	11	5	6	11	9	0	9	20	16	7	
Frome	119	0	4	147	5	6	144	6	4	410	12	2	
Keynsham	38	16	4	67	10	4	85	8	4	191	15	0	
Langport	3	9	2	73	8	0	80	4	7	157	1	9	
Mere	7	1	6	8	5	1	14	9	2	29	15	9	
Shepton Mallet	23	11	6	86	18	9	93	2	3	203	12	6	
Sherborne	5	2	2	7	4	7	7	4	7	19	11	4	
Taunton	67	7	2	180	16	2	174	13	11	422	17	3	
Wellington	24	10	8	75	8	10	101	19	2	201	18	8	
Wells	7	9	4	39	7	8	61	4	0	103	1	0	
Williton	14	14	1	28	10	6	30	8	3	73	12	10	
Wincanton	61	18	8	52	1	4	43	7	6	157	7	6	
Yeovil	29	7	9	38	5	5	49	7	0	117	0	2	
	664	11	5	1338	5	0	1633	2	6	3635	18	11	
Due from the Bridgwater ..	..	..	..	17	4	5	8	19	0	26	3	5
	664	11	5	1355	9	5	1642	1	6	3662	2	4	
											3662	2	4
											£3662 2 4		

G. W. GUNN, Clerk and Steward.

* The value of the produce of Milk and Vegetables supplied from the Farm between the 4th June and 31st December, amounted to £107 13s.; and of Pork from 1st October to the 31st December to £22 3s.

CONTRACT PRICES

*Of the principal Articles of Consumption, between the 1st March,
and 31st December, 1848.*

		£	s.	d.
Beef and Mutton	at per stone of 14 lb.	0	6	5
Yellow Soap	„ cwt.	2	11	4
Soft Soap	„ „	2	6	8
Cheese	„ „	1	12	0
Butter ..	„ „	4	13	4
Sugar, Moist	„ „	2	2	0
Oatmeal	„ „	1	1	0
Peas	„ bushel	0	7	0
Starch	„ „	2	6	8
Tea	„ lb.	0	3	6
Mustard	„ „	0	1	0
Pepper	„ „	0	1	0
Tobacco	„ „	0	3	6
Snuff	„ „	0	5	0

MATRON'S RETURN

Of Articles made by Patients from 1st March to 31st December, 1848.

Bed Cases	89
Sheets	pairs 402
Pillow and Bolster Cases	705
Strong Rugs and Dresses	13
Women's Gowns	205
——— Aprons	180
——— Under Garments	620
——— Caps	66
Men's ditto and Braces	136
——— Shirts	254
Handkerchiefs	200
Dusters, Floor Cloths, &c.	200
Table Cloths and Towels	159
Shrouds and Caps	14
Window Curtains	12
<hr/>	
	3255
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Articles repaired	2632